MEDICINE TODAY

Current comment on medical progress, discussion of selected topics from recent books or periodic literature, by contributing members.

Dermatology

Yeast Fungi.—The general family of yeast-like fungi, which are included in the genus *Blastomycoides,* are responsible for several definitely surgical conditions. These are usually recognized as of mycotic origin only by cultural methods as done by experts. For instance, Castellani cites a case of severe and continuous furunculosis, in which ordinary cultures disclosed only *Staphylococcus aureus,* but cultural methods calculated to determine the presence of *Blastomycosis,* finally, with difficulty, were successful.

There are other infections which, clinically, have no resemblance to typical *Blastomycosis* of the type which, when present, raise roundish or oval patches with a verrucous or papillomatous surface, but which, by cultural methods, are definitely established as being basically caused by some member of the *Blastomycosis* family.

The clinical entities, which are included in the general term of *Blastomycosis,* were formerly limited to the typical Gilchrist type which usually, at first, affects the skin. Verrucoid lesions are the essential characteristic. In later stages the internal organs may be attacked or multiple abscesses may exist or discharge through sinuses.

Coccidioides, from a clinical point of view, is separate from the Gilchrist type of *Blastomycosis* and is often mistaken for some simpler surgical condition which is not cured by ordinary surgical methods. Biologically it is definitely a member of the *Blastomycosis* family, and by some authorities is technically named *Blastomycosis ulcerativa profunda.*

The forms of *Blastomycosis* which are found in lesions which, from a clinical point of view are boils or carbuncles, are not as a rule classified as *Blastomycosis* by clinicians. Biologically it is well for a surgeon to know that a stubborn boil or series of boils or a stubborn carbuncle can possibly be caused by a yeast-like fungus. Even a stubborn crusty impetigoid lesion can be due to the *Blastomycetia pyosis,* which is biologically a *Blastomycosis,* but clinically the lesion would never be so classified. Another form due to a different variety of the genus is a paronychia, which at times comes to suppuration, but sometimes remains painful and inflamed for months without any suppuration.

Still further down the line of clinical severity and beyond the limits of surgical classification, the clinical and biological varieties run parallel. That is, each clinical variety, within certain limits, has a definite biological genus as its causative factor, and each genus has some definite cultural characteristic.

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Urology

Urography.—The urologist relies to such an extent on roentgenography as a diagnostic aid that the degree of perfection which urological diagnosis has attained would have been impossible without this aid. The interrelation has become so fixed that the term "urography" is used to denote radiography of the urinary organs or, in a narrower sense, the rendering of the urinary tract opaque by the injection of liquid which casts a shadow in the radiograph.

The pyeloureterogram, which is obtained after injecting 12 per cent sodium iodid or other opaque solution into the renal pelvis and ureter through the ureteral catheter, shows the outline of the pelvis and ureter. The important pathologic conditions in which such a urogram is an aid to diagnosis are:

1. *Renal or Ureteral Stone.*—If a shadow demonstrated in a previous radiograph and simulating a renal or ureteral stone is not included in the outline of the pyeloureterogram, and is not near enough to the pyelogram to be in the kidney parenchyma, it is interpreted as not being a urinary calculus. Every urologist has seen patients who have been operated on for a supposed stone in the ureter or kidney when there was no stone there. In practically every one of these cases a preoperative pyeloureterogram would have demonstrated the suspected shadow to have been outside the urinary tract.

2. *Dilatation from Obstruction.*—The ureter and the kidney pelvis and calices show a dilatation regular in outline, with a corresponding thinning of the renal parenchyma. The normal cupping of the terminal irregularities of the minor calices is obliterated. This obliteration occurs in most pathologic deformities of the renal pelvis. The etiology—ptosis, ureteral kink or stricture, or other cause of the hydronephrosis—is also frequently demonstrated by the pyeloureterogram.

3. *Deformity from Inflammation.*—Inflammatory dilatation is characterized by a more irregular, moth-eaten outline, and the function of such a pyonephrotic kidney can be estimated by the amount of destruction of renal tissue shown in the pyelogram. Sometimes a kidney with a long-standing chronic infection will show an encroachment on the calices and pelvis, by the cicatrix which forms after the destruction of the kidney tissue.

4. *Deformity from Tumor.*—Neoplasm such as hypernephroma or carcinoma gives the characteristic "spider leg" deformity—a lengthening and narrowing of the pelvis and calices—if the cortex is involved; or a partial or complete obliteration of the calices and pelvis if the origin of the tumor is in or near the pelvis. Polycystic